Benchmark Revision Training

Nebraska home visiting is transitioning to a new benchmark plan. This training and its associated materials aim to help sites prepare for this change. By the end of this training, you will understand the details of collecting and reporting data points that meet the revised benchmark requirements. These requirements aim to accurately reflect the work being completed by home visiting practitioners in Nebraska.

Department of Health & Human Services
DHHS
NEBRASKA

KU CENTER FOR PUBLIC PARTNERSHIPS & RESEARCH
The University of Kansas

Maternal, Infant, Early Childhood Home Visiting

Home visiting providers in Nebraska use the Maternal, Infant, Early Childhood Home Visiting (MIECHV) benchmarks regardless of whether they are federal or state funded providers.

The program aims to evaluate home visiting across the nation. It includes a variety of evidence-based home visiting models and focuses on good practice. This is because when evidence-based models are implemented according to best practice, research indicates that there will be a positive impact.

	MIECHV Benchmarks
1	Maternal and newborn health
2	Child maltreatment, injuries, and emergency department visits
3	School readiness and achievement
4	Crime or domestic violence
5	Family economic self-sufficiency
6	Coordination and referrals

Conceptual Foundation

Culture of Data

With today's technology, we have the capacity to collect huge amounts of data. Having data is great, but leveraging it to provide better outcomes to families is more than just collection – its action. Having a culture of data means being committed to data as a process.

Use these guiding principles to foster a culture of data:

1. Collect, report and use data to make course corrections along the way
2. Promote open inquiry to discuss issues from a data-driven perspective
3. Keep the ultimate goal in mind – collectively improve the lives of at-risk families

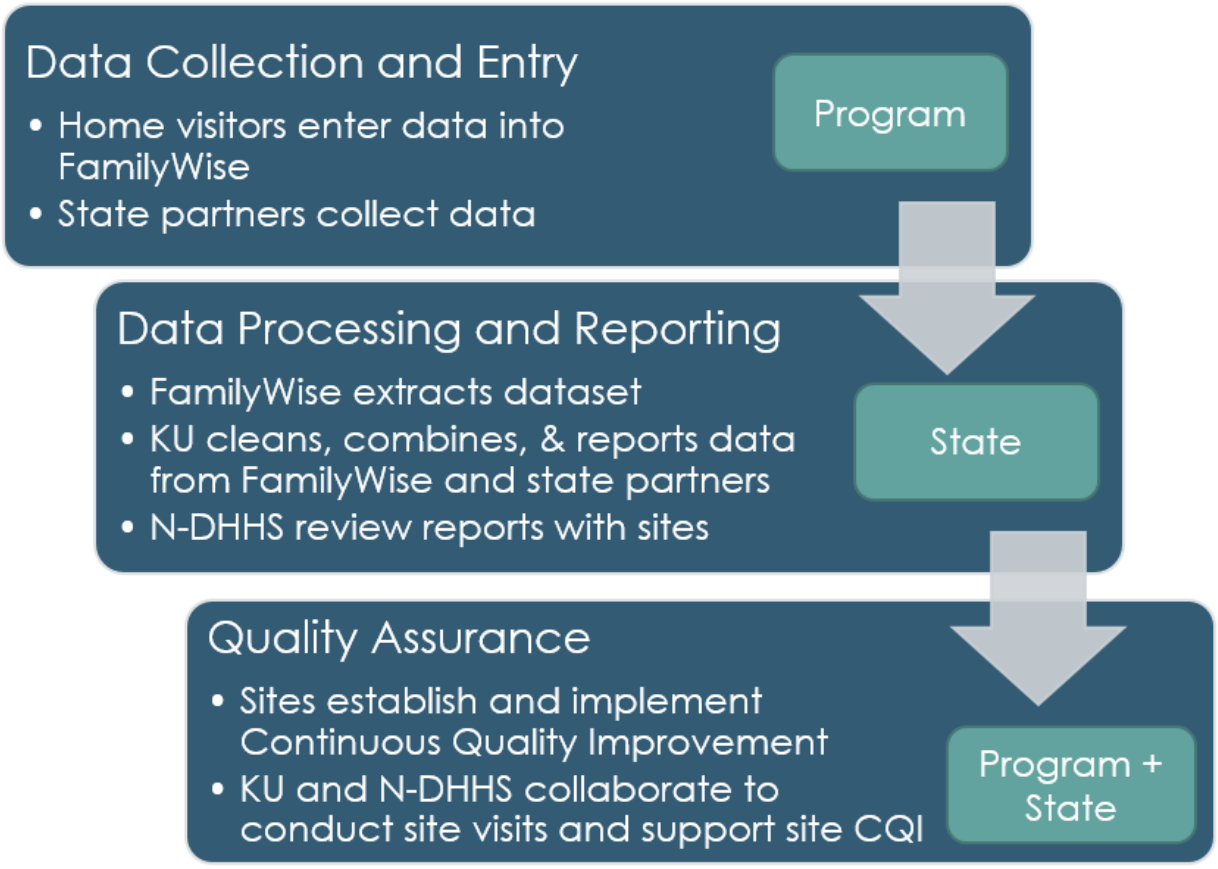
Shared Measurement

Shared measurement is the use of a common set of measures to monitor performance, track progress toward outcomes, and learn what is and is not working in a group's collective approach. Shared measurement is critical in home visiting because so many people have an impact on the health of families in services. Success factors for shared measurement include:

- Effective relationships
- Commitment to collaborative data
- Broad and open engagement
- Effective infrastructure
- Pathways for learning and improvement

Data Process Overview

Home visiting generates a lot of data. The chart below depicts the process Nebraska data goes through from data entry through reporting and quality assurance.



Benchmark Revision

The benchmark revision process was undertaken by the Health Resource Services Administration's Maternal and Child Health Bureau, a division of the Department of Health and Human Services and the agency responsible for program oversight.

HRSA partnered with grantees, federal partners, and stakeholders with the goal to simplify, standardize, and strengthen the home visiting performance measurement system.

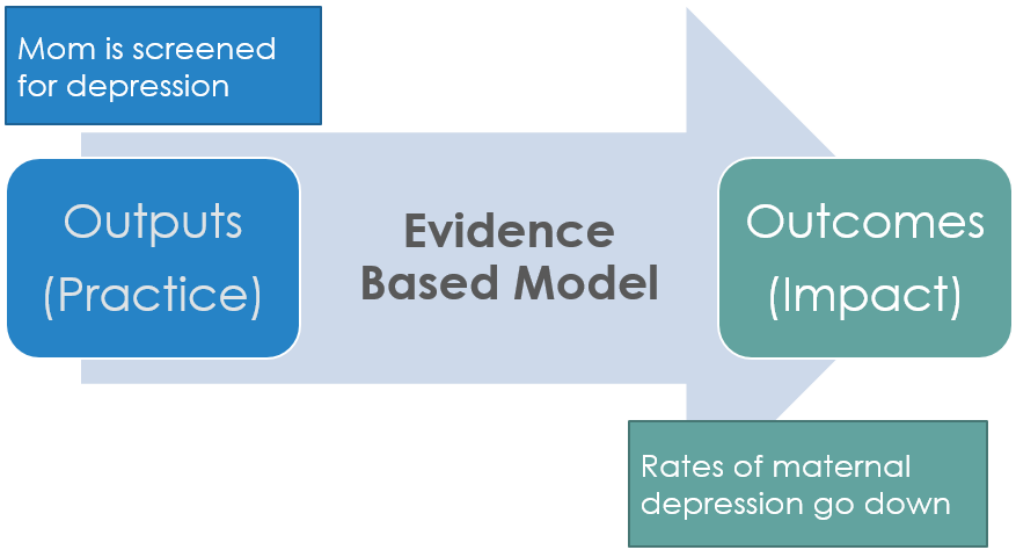
The revision significantly impacts sites by reducing the reporting burden. Previously sites were required to report on 37 constructs that had numerous data elements to collect. In the revised benchmark plan, there are 19 constructs.

In addition, the new benchmark plan includes some constructs where sites do not have to show improvement. These constructs, called systems outcomes, are detailed below.

Outputs vs. Outcomes

Nebraska home visiting (and MIEHCV at a larger level) is designed to measure the outputs (practice) of home visiting, not the outcomes. There is extensive research that indicates that if an evidence based home visiting model is implemented to fidelity (i.e. as it was designed), outcomes will be positive. When home visitors execute and document outputs according to the model, outcomes will follow. Because of this, Nebraska home visiting reports focus on the outputs of each program.

As an example, reports indicate the number of moms who were screened for depression, not whether or not maternal depression rates change.



Systems Outcomes

The new MIECHV benchmark plans take this concept a step farther, designating certain constructs as "systems outcomes". Systems outcomes are designated as such because the collection of data on these complex topics is used to determine federal trends.

Home visiting is one of many services that can have an impact on these areas. Sites are required to report on system outcomes but are not required to maintain or improve on these constructs. The following constructs are categorized as systems outcomes:

Construct 1: Preterm Birth
Construct 2: Breastfeeding
Construct 8: Child Injury
Construct 9: Child Maltreatment
Construct 15: Caregiver Education
Construct 16: Continuity of Insurance Coverage

Revision Timeline

October 1	▪ New data collection process is initiated ▪ Final data transfer for Year 5 benchmark measures occurs
November	Sites receive final Year 5 report
February	Sites receive revised reports for Year 6

Benchmark Plan

Benchmark 1
Maternal and Newborn Health

Construct	Practice	Data System Location	How is the Construct Met?
1. Preterm Birth*	N/A	Data comes from vital records	▪ Mom enrolled before 37th week gestation ▪ Child was born before 37 weeks gestation
2. Breast-feeding*	Document breastfeeding initiation and discontinuation date	Home visit log – bf initiation and discontinuation dates	▪ Mom enrolled prenatally ▪ Infant is 6 – 12 months ▪ Infant was breastfed any amount at 6 months of age
3. Depression Screening	Administer a CES-D within 3 months enrollment or 3 months postpartum	Growth and progress by family – CES-D date and score	▪ Mom enrolled prenatally and was screened within 3 month postpartum **or** ▪ Mon enrolled postpartum and was screened within 3 months of enrollment
4. Well Child Visit	Ask about and document child medical visits at every home visit	Home visit log, child medical appointment – visit date and AAP timing	▪ Child completed their most recent AAP recommended medical appointment
5. Postpartum Care	Document 8 week postpartum check	Home visit log, adult medical appointment – postpartum category	▪ Mom enrolled prenatally or within 30 days postpartum ▪ Mom had a documented 8 week postpartum checkup
6. Tobacco Cessation Referrals	Document if mom reports using tobacco at enrollment Provide tobacco cessation referral within 90 days	Household record – primary caregiver smokes Referrals – tobacco cessation category	▪ Mom reported smoking at enrollment ▪ Mom received a tobacco cessation referral within 90 days of enrollment

7. Safe Sleep	Ask about and document safe sleep	Home visit log – child tab 2	▪ Is baby put to sleep on back yes ▪ Is baby co-sleeping no ▪ Is there soft bedding no

Benchmark 2
Child injuries, abuse, neglect, and maltreatment, and emergency department visits

Construct	Practice	Data System Location	How is the Construct Met?
8. Child Injury*	Ask about and document ER visits for injuries at every home visit	Home visit log – incident report	▪ All child ER visits for an injury count ▪ # of visits, not # of children
9. Child Maltreat-ment*	Encourage safe and caring practices in the home	N/A – Child Protective Services Data	▪ Child with one or more investigated maltreatment reports this reporting year ▪ # of children, not # of reports

Benchmark 3
School readiness and achievement

Construct	Practice	Data System Location	How is the Construct Met?
10. Parent – Child Interaction	Asses mom and child interaction with CHEEERS tool twice per year	TBD	▪ All active children with at least one CHEEERS assessment this reporting year
11. Early Language & Literacy Activities	Ask about reading, storytelling, and/or singing monthly	ASQ-3 tab and home visit log tab 1	▪ The most recent visit this reporting year where family answered yes

12. Develop-mental Screening	Screen child with the ASQ-3 at 9, 18, and 24 or 30 months	Growth and progress by child	▪ Kids who are eligible for those ASQ-3 timings ▪ Kids whose ASQ-3 screeners were administered on time
13. Behavioral Concerns	Ask about and document if mom has concerns at every visit	Home visit log	▪ Number of home visits where mom is asked about concerns ▪ Every home visit counts

Benchmark 4
Crime or domestic violence

Construct	Practice	Data System Location	How is the Construct Met?
14. IPV Screening	Complete Parent Survey at intake	Parent Survey – 3 IPV questions	▪ Moms screened for IPV within 3 months of enrollment

Benchmark 5
Family economic self-sufficiency

Construct	Practice	Data System Location	How is the Construct Met?
15. Primary Caregiver Education*	Collect educational status and educational enrollment at program enrollment and annually	Adult profile	▪ Moms who enrolled in services w/o a hs diploma or equivalent ▪ Moms who enrolled in a HS diploma or equivalent program during services
16. Continuity of Insurance Coverage*	Collect insurance status monthly	Adult profile	▪ Mom has a documented insurance status during first six months of enrollment ▪ Mom's insurance status is never "unknown" or "none" during that time

Benchmark 6
Coordination and referral for other community resources and support

Construct	Practice	Data System Location	How is the Construct Met?
17. Depression Referrals	Provider referrals to moms who screen positive on the CES-D	Referrals – mental health category	▪ Mom screened positive for depression according to measure 3 ▪ Mom was given a referral for mental health this reporting year
18. Develop-mental Referrals	Provide referrals to kids who screen positive on ASQ-3	Referrals – developmental delay category	▪ Kid screened positive on ASQ-3 according to measure 12 ▪ Kid received dd referral within 45 (early intervention) or 30 days (community service provider)
19. IPV Referrals	Provide and document IPV referrals to moms who screen positive for IPV	Referrals – IPV category	▪ Mom screened positive for IPV under construct 14 ▪ Mom received an IPV referral within 90 days

Demographic Data

There is some demographic information about moms, children, and involved dads that is used throughout the benchmarks. These demographic data points are critical for accurate reporting. For example, a child's date of birth is used to calculate if mom had a doctor's visit by 6 months postpartum. Enrollment dates, discharge dates and reasons, and date of the first home visit are used to establish eligibility for numerous constructs.

Parent Survey
The following demographics are captured in the Parent Survey at intake.

Demographic	Who
History of child abuse or neglect	Any household member
History of substance abuse	Any household member

Use of tobacco at home	Any household member
Low student achievement	Any household member
Developmental delay	Any child in household

Child, Adult 1, and Adult 2 Profiles
The following demographics are documented under the Child, Adult 1, and/or Adult 2 Profiles. Note that if Adult 2 is grandmother or other, they are not included in reports. Only paternal relation types under Adult 2 are included (FOB, biological father, etc.)

Demographic	Who/Where	FAQ - QA
Enrollment Date	Adult 1	Date of the first home visit, from the hv log, is used as the enrollment date
Discharge Date and Reason	Adult 1	Enrollees on creative outreach are counted as enrolled until their discharge date
Date of birth	Child, Adult 1, Adult 2	
Gender	Child, Adult 1, Adult 2	
Race	Child, Adult 1, Adult 2	
Ethnicity	Child, Adult 1, Adult 2	
First & last name	Child, Adult 1, Adult 2	Used to verify identity when retrieving state records for maltreatment and preterm birth
Social security number	Child, Adult 1, Adult 2 (if available)	Used to verify identity when retrieving state records for maltreatment and preterm birth
Marital status	Adult 1, Adult 2	
Dad's involved status	Adult 2, select "involved" if dad is involved in home visiting services	Do not use to indicate whether a father is involved in the child's life Only involved dads are included in reports
Housing status	Adult 1, Adult 2	
Poverty percentage	Adult 1	Scores are cutoffs, e.g. if mom score 117, select "135" option because her score is 135 or less

Address	Child, Adult 1	Zip codes where home visiting services are provided are reported
Language	Adult 1	Primary language used in the home
Military status	Adult 1, Adult 2 Two locations	
Educational attainment	Adult 1, Adult 2	
Education status	Adult 1, Adult 2	
Employment status	Adult 1, Adult 2	
Insurance status	Adult 1, Adult 2, Child	
Usual source of medical care	Child	The place where a person would usually go if sick or in need of advice about their health
Usual source of dental care	Child	Oral healthcare from a licensed dentist that is comprehensive and continuous

Need Exclusion
Need exclusions indicate when a mom or child comes into the program with existing services. For example, if a mom's CES-D screener is positive for depression, we check to see if she has a need exclusion for "Mental Health". If she already has that service in place, we do not count her as needing a referral. If she does not already have that service in place, we count her as in need of a referral.

Demographic	Who/Where	FAQ - QA
Need Exclusion	Household Data, Agencies Serving Families	Mental Health Substance Use - Tobacco Developmental Services Interpersonal Violence

Quality Assurance

Data Quality Check-Ins
The purpose of these check-ins is to review recent data in detail and address questions or areas of concerns in site data. In addition, the check-ins are a time to gather feedback on how things are going and provide support to the site's continuous quality improvement initiative.

Be sure that all critical staff attend these check-ins. This often includes home visiting managers, program managers, and database administrators. We recommend that anyone who has an impact on the data or who needs to understand what the benchmark data means should be at these check-ins.

Timeline

October 1	▪ New data collection process is initiated ▪ Final data transfer for Year 5 benchmark measures occurs
November	▪ Sites receive final Year 5 report ▪ FamilyWise manual
February	Sites receive revised reports for Year 6